

PROPERTY LOCATION

No	Alt No	Direction/Street/City
42		TANAGER ST, ARLINGTON

OWNERSHIP

Owner 1:	AHERN THOMAS R & JEANNE C				
Owner 2:					
Owner 3:					
Street 1:	42 TANAGER STREET				
Street 2:					
Twn/City:	ARLINGTON				
St/Prov:	MA	Cntry:		Own Occ:	Y
Postal:	02476			Type:	

PREVIOUS OWNER

Owner 1:			
Owner 2:			
Street 1:			
Twn/City:			
St/Prov:	Cntry:		
Postal:			

NARRATIVE DESCRIPTION

This parcel contains 5,228 Sq. Ft. of land mainly classified as Two Family with a Multi-Garden Building built about 1914, having primarily Wood Shingle Exterior and 3222 Square Feet, with 2 Units, 3 Baths, 0 3/4 Bath, 0 HalfBath, 10 Rooms, and 4 Bdrms.

OTHER ASSESSMENTS

Code	Descrip/No	Amount	Com. Int

PROPERTY FACTORS

Item	Code	Description	%	Item	Code	Description
Z	R2	TWO FAMIL	100	water		
o				Sewer		
n				Electri		
Census:				Exmpt		
Flood Haz:						
D				Topo	2	Above Stree
s				Street		
t				Gas:		

LAND SECTION (First 7 lines only)

[illegible]

Total AC/HA:	0.12002	Total SF/SM:	5228	Parcel LUC:	104	Two Family	Prime NB Desc:	ARLINGTON	Total:	403,789	Spl Credit	Total:	403,800
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Disclaimer: This Information is believed to be correct but is subject to change and is not warranted.

Database: AssessPro - FY2021

apro

2021

Residential

CARD**ARLINGTON**

APPRAISED:

USE VALUE:

ASSESSED:

Total Card /

Total Parcel

999,400

999,400

999,400



Patriot
Properties Inc.

USER DEFINED

Prior Id # 1:	115510
Prior Id # 2:	
Prior Id # 3:	
Prior Id # 1:	
Prior Id # 2:	
Prior Id # 3:	
Prior Id # 1:	
Prior Id # 2:	
Prior Id # 3:	
ASR Map:	
Fact Dist:	
Reval Dist:	
Year:	
LandReason:	
BldReason:	
CivilDistrict:	
Ratio:	

PRINT

Date	Time
12/11/20	03:25:22

LAST REV

Date	Time
11/07/19	17:31:42

	danam
	13473

PAT ACCT.

[illegible]

BUILDING PERMITS

[illegible]

ACTIVITY INFORMATION

Date	Result	By	Name
6/4/2015	Permit Insp	PC	PHIL C
1/15/2009	Measured	345	PATRIOT
1/4/2000	Meas/Inspect	263	PATRIOT
2/9/1999		PM	Peter M

Sign: _____ VERIFICATION OF VISIT NOT DATA __/__/__

Sign:

VERIFICATION OF VISIT NOT DATA

_____ / _____ / _____

